

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th St. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IA ETHICS AND
 CAMPAIGN DISCLOSURE DR
 2010 JAN 14 AM 11:56

COMMITTEE NAME (Must be same as on Statement of Organization)	
WILHELM FOR IOWA SENATE	
IMPORTANT: Indicate by # type of committee you are reporting for: <u>1</u> (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue	
CANDIDATE COMMITTEES ONLY:	
Candidate Name	Political Party (if applicable)
Mary Jo Wilhelm	Democrat
Office Sought	District (if Senate or House)
State Senate	08

FORM DR-2 (Rev. 12/2009)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1717</u>
Logged in	<u>o</u>
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

[Signature]
 SIGNATURE OF PERSON FILING REPORT

563-547-5705
 TELEPHONE

01/14/10
 DATE SIGNED

I AM FILING A 1-19-10 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$ 2,930.05
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	3,160.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 6,090.05
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	3,699.84
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	\$ 2,390.21
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 31.46
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 2,525.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 0.00
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.	

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

WILHELM FOR IOWA SENATE

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
01/08/09	ID# 6323 CK#	MODERN BUILDERS PAC 221 PARK STREET, PO BOX 695 DES MOINES, IA 50303	NONE	\$250.00	<input type="checkbox"/>
07/09/09	ID# CK# 3866	SUSAN CAMERON 600 BRENTWOOD DRIVE WAUKEE, IA 50263	NONE	100.00	<input type="checkbox"/>
07/09/09	ID# 6058 CK# 2741	IOWA CHIROPRACTIC SOCIETY 1605 N. ANKENY BLVD, SUITE 100 ANKENY, IA 50023	NONE	100.00	<input type="checkbox"/>
07/09/09	ID# 6291 CK# 2741	IOWA HOSPITAL ASSOCIATION 100 EAST GRAND, SUITE 100 DES MOINES, IA 50309	NONE	500.00	<input type="checkbox"/>
07/09/09	ID# 6077 CK# 2056	IOWA PHARMACY PAC 8515 DOUGLAS, SUITE 16 DES MOINES, IA 50322	NONE	100.00	<input type="checkbox"/>
07/09/09	ID# CK# 5308	ANDREW BAUMERT 5068 COACHLIGHT DRIVE WET DES MOINES, IA 50265-6928	NONE	50.00	<input type="checkbox"/>
08/19/09	ID# 6067 CK# 4061	IOWA HEALTH PAC 6750 WESTOWN PARKWAY, #100 WEST DES MOINES, IA 50266	NONE	250.00	<input type="checkbox"/>
08/19/09	ID# CK# 1300	RICHARD FOX 220 VALLEY MANOR DRIVE CRESCO, IA 52136	NONE	25.00	<input type="checkbox"/>
08/19/09	ID# CK# 2957	SUSAN BJELLAND 1404 LOCUST ROAD DECORAH, IA 52101	NONE	25.00	<input type="checkbox"/>
08/20/09	ID# CK# 8133	WASTE MANAGEMENT PAC 701 PENNSYLVANIA AVE NW SUITE 590 WASHINGTON, IA	NONE	500.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1900.00	
TOTAL (If last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ONE of TWO
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
WILHELM FOR IOWA SENATE

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
09/18/09	ID# 6163 CK#	IOWA BEVERAGE 4201 WESTOWN PARKWAY, SUITE 250 WEST DES MOINES, IA 50266	NONE	\$500.00	<input type="checkbox"/>
10/12/09	ID# 6058 CK# 4646	IOWA CHIROPRACTIC SOCIETY 100 EAST GRAND, SUITE 240 DES MOINES, IA 50309	NONE	250.00	<input type="checkbox"/>
10/22/09	ID# 6059 CK# 3346	IOWA COMMITTEE OF AUTOMOTIVE DEALERS 1111 OFFICE PARK ROAD	NONE	100.00	<input type="checkbox"/>
11/08/09	ID# CK# 5637	CHAR BRENNEMAN 1551 LARCH AVE WASHINGTON, IA 52353	NONE	50.00	<input type="checkbox"/>
11/11/09	ID# CK# 20323	JEROME VITTETOE 2504 QUINCE AVENUE WASHINGTON, IA 52353	NONE	50.00	<input type="checkbox"/>
11/12/09	ID# CK# 1393	SUSAN DEHR 1148 DAVIS AVENUE WEST LIBERTY, IA 52776	NONE	100.00	<input type="checkbox"/>
11/18/09	ID# CK# 1379	ITC HOLDINGS CORP PAC 201 TOWNSEND STREET, SUITE 900 LANSING, MI 48933	NONE	200.00	<input type="checkbox"/>
	ID# CK#	ADJUSTMENT FROM PREVIOUS REPORT		10.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1260.00

TOTAL (If last page of this schedule)

\$ 3160.00

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

WILHELM FOR IOWA SENATE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
01/08/09	ID# CK# 1043	BEARD FOR STATE HOUSE 303 UPPER BROADWAY ST. DECORAH, IA 52101	campaign telephone usage	\$ 99.12
02/19/09	ID# CK# 1044	CARTER PRINTING 1739 EAST GRAND DES MOINES, IA 50316	5,000 postcards	169.60
04/17/09	ID# CK# 1038	EDEN COMPANY 200 TENTH STREET DES MOINES, IA 50309	Database management, printing and mail house	1,715.00
09/08/09	ID# CK# 1045	EDEN COMPANY 200 TENTH STREET DES MOINES, IA 50309	Database management, printing and mail house	1,716.12
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 3,699.84
TOTAL (if last page of this schedule)				\$ 3,699.84

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(I).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
 WILHELM FOR IOWA SENATE

SCHEDULE
E
 (Rev. 06/97) IN-KIND
 CONTRIBUTIONS

☐ CHECK THIS BOX IF
 AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE " (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
06/25/09	IOWA SENATE MAJORITY FUND 5661 FLEUR DRIVE DES MOINES, IA 50321	NONE	Postage for Des Moines fundraiser	\$ 31.46	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 31.46	
TOTAL (If last page of this schedule)				\$ 31.46	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page one of one
 (for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

WILHELM FOR IOWA SENATE

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 2,525.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
	none		\$

TOTAL (PART I)

\$ 0

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ 0

From Schedule E -- TOTAL LOANS FORGIVEN

\$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 2,525.00

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(for Schedule F)